

MONTGOMERY GI BILL ACT OF 1984 (MGIB)*(Chapter 30, Title 38, U.S. Code)***TRANSFERABILITY PROGRAM****PRIVACY ACT STATEMENT****AUTHORITY:** Chapter 30, Title 38, U.S. Code, Sections 3011, 3012, 3018A, and 3018B; and EO 9397.**PRINCIPAL PURPOSE(S):** To establish participation in the Montgomery GI Bill Transferability Program.**ROUTINE USE(S):** To the Department of Veterans' Affairs to ascertain an individual's benefit eligibility under the MGIB Transferability Program.**DISCLOSURE:** Voluntary; however, failure to provide the requested information will result in the non-transfer of MGIB benefits to family members.**1. SERVICE MEMBER DATA****a. NAME** (LAST, First, Middle Initial)**b. SOCIAL SECURITY NUMBER (SSN)****2. FAMILY MEMBER DATA**

a. NAME (LAST, First, Middle Initial)	b. RELATIONSHIP	c. SSN	d. DATE OF BIRTH (YYYYMMDD)	e. MONTHS TRANSFERRED	f. *START DATE (YYYYMMDD)	g. *END DATE (YYYYMMDD)

***NOTE:** Start Date is at 6 years of service or today, whichever is later, unless overridden by Service member for spouse to use benefits. ~~Start Date for child is 10 years of service or today, whichever is later, unless overridden by Service member for children to use benefits.~~

"By Law" in this block limits period of transfer for spouses to 10 years after final separation from service, ~~for children to 10 years after final separation or age 26.~~ Service member may override with an earlier date.

- (1) I understand that I may transfer up to 18 months or any balance (if less than 18 months) of my MGIB benefits to spouse ~~and/or children~~, and can revoke and/or modify my election any time in writing and must notify the service representative and the Department of Veterans' Affairs. My spouse may use this benefit immediately. ~~My children may use this benefit after I have served 10 years, and they have either completed high school or high school equivalency or attained age 18, and cannot use after 26th birthday.~~
- (2) I understand that I must have served six years before being eligible to transfer benefits, and agree to (terms of contract) serve at least four more years in the Armed Forces in a critical military specialty as designated by the service secretary.
- (3) I understand that I and my family member(s) may be responsible for any overpayments due to not completing my obligation of service agreement.
- (4) I understand that this document serves as written notice for designating transfer of MGIB education benefits.

h. SERVICE MEMBER SIGNATURE**i. RANK/GRADE****j. DATE SIGNED** (YYYYMMDD)**3. DEERS VERIFICATION**

I verify that the above family member(s) are on the DEERS system.

a. SERVICE REPRESENTATIVE NAME (LAST, First, Middle Initial)**b. PAY GRADE****c. UNIT NAME AND LOCATION****d. SIGNATURE****e. DATE SIGNED** (YYYYMMDD)**4. CONFIRMATION OF TRANSFER ELIGIBILITY**

I verify that the above service member has transferability as an option.

a. SERVICE REPRESENTATIVE NAME (LAST, First, Middle Initial)**b. PAY GRADE****c. UNIT NAME AND LOCATION****d. SIGNATURE****e. DATE SIGNED** (YYYYMMDD)**f. TRANSFER ELIGIBILITY**
START DATE (YYYYMMDD)**g. TRANSFER ELIGIBILITY**
END DATE (YYYYMMDD)